

Entered - 3-22-00- sb
CL 00L0175 - ALEXIS HOLMES

01-R-1543

CLAIM OF: WILLIE L. DOMINECK
736 Bernice Street, SW
Atlanta, Georgia 30310

For damages sustained as a result of tree falling onto his property on
January 23, 2000 at 736 Bernice Street, SW.

THIS ADVERSE REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. Ch...* JSCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0175

Date: 9/13/01

Claimant /Victim WILLIE L. DOMINECK

BY: (Atty) _____

Address: 736 Bernice Street, SW Atlanta, Georgia 30310

Subrogation: _____ Claim for Property damage \$ 11,970.00 Bodily Injury \$ _____

Date of Notice: 3/3/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 1/23/00 Place: 736 Bernice Street

Department PRCA Division: Parks

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant sustained damages when a tree laden with ice from a storm fell on the claimant's house, and caused extensive damage. The City had no notice of any problems with the tree prior to the incident involving the claimant. The City has immunity from liability as set forth in O.C.G.A. § 36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

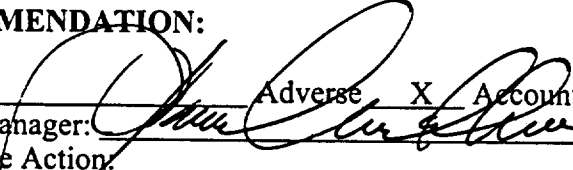
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-13-01

Committee Action: _____ Council Action _____

BOTH ESTIMATES SEEM TO HAVE OMITTED THE DAMAGE DONE TO THE RIGHT SIDE GABLE AND THE NEED TO REPLACE THE ROOFING ON BOTH THE RIGHT AND LEFT GABLES FRONT SIDES. LIMBS FROM THE TREE PUNCTURED HOLES IN THE RIGHT GABLE, THE GUTTERS WERE TWISTED AND STRETCHED ACROSS THE ENTIRE FRONT OF THE HOUSE.

THERE WAS A THREE BUNCH TREE IN FRONT OF THE PORCH AND SHRUBBERY ACROSS THE FRONT AND RIGHT SIDE OF THE PORCH AND TWO TREES ON THE SIDE OF THE PORCH. THERE WERE THREE RED TIP PHETUNIAS ON THE SIDE OF THE HOUSE ALSO DAMAGED. THE SIDEWALK AND DRIVEWAY WERE BROKEN UP NOT DURING THE STORM BUT BY THE TREE ROOTS OVER THE YEARS.

I HAD THE ARBORIST OUT TO CHECK THAT TREE YEARS AGO BUT THEY THOUGHT THERE WAS NO DANGER OF THAT TREE FALLING. I THINK GEORGIA POWER'S TRIMMING OF TREES, WHO'S ROOTS SPREAD OUT RATHER THAN GO DEEP, ON ONLY ONE SIDE, PRESENT AN IMMINENT DANGER TO EVERY HOUSE BEHIND THOSE TREES.

Willie J. Dammeck

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: _____

03-03-00P04:47 RCVD

Dear Clerk of Council:

MUNICIPAL CLERK

ENTERED - 3-22-00 - SB
00L0175 - DOBBS JORDAN

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident 1, 23, 2000
(month/day/year)

2. Police called: _____
Yes No

3. Location of incident 736 BERNICE ST. S.W. ATL., GA. 30310

4. Name of your insurance company: ALLSTATE INS. CO. Policy No. 021664703 03P

5. State what and how incident occurred: A BIG OAK TREE LADEN WITH ICE FROM THE STORM FELL ON MY HOUSE DAMAGING THE FRONT AND RIGHT SIDE GABLES, DECKING, ROOFING AND GUTTERS, PORCH SCREENING, LAWN, TREES AND SHRUBBERY.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

8. Witness: _____
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Willie L. Domineck
(claimant's name)

736 BERNICE ST. S.W.
(address)

ATLANTA, GA. 30310
(city and state)

01-R-1543

404 222 0765
(work number)

404 755 59
(home number)